the alterations of sensibility are derived from a material lesion of the nervous centres. 1. The increase of temperature of a region is, within certain limits, inversely proportionate to the degree of sensibility. When the sensibility is morbidly diminished the temperature rises. Thus, when a limb is anæsthized, its temperature is higher than is that of the corresponding limb; while, when there is hyperæsthesia of the limb, its temperature is lower. 2. The temperature may vary from half a degree even to 2° C.; but it frequently rises or falls only to the extent of half a degree, and for its perception a delicate thermometer is required. 3. It is probably from want of having observed the conditions of sensibility in limbs paralyzed from affections of the nervous centres that contradictory accounts of their temperature have been reported. When the sensibility remains intact, there is no change of temperature: when it is diminished, the temperature rises; and when it is increased, the temperature falls below that of the sound limb. Sometimes an increase of heat of a part having its sensibility paralyzed is subjectively perceived by the patient and complained of. 4. These observations prove that the sensibility to heat is distinct from general or tactile sensibility. 5. This modification of temperature is sometimes accompanied by a corresponding disturbance of function in the anæsthized parts. Thus, owing to the excitement of the sudoriparous glands, the sweat may cover the surface. 6. This increase or diminution of the temperature of a region exhibiting diminished or increased sensibility leads to the supposition of a modification in the innervation of the capillary vessels. There may be *asthenia* of the vaso-motor nerves, and consequently dilatation of the capillary vessels, whence a more considerable afflux of blood and correlative increase of temperature in anæsthesia. Or there may be *hypersthenia* of the vaso-motor nerves, with contraction of the capillaries and a diminished afflux of blood, and a diminished temperature in hyperæsthesia.—*Med. Times and Gaz.*, April 6, 1867.

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13. *Alterations in the Muscles in Fevers, and particularly in Smallpox.*—M. G. HAYEM inquires if the lesions of muscles described by Zenker as occurring in typhoid fever are degenerations peculiar and proper to that fever, as the above observer thinks, or rather if they do not represent in the muscles alterations analogous to those, commonly met with in the liver, the spleen, the kidneys, &c., of subjects who have died, not of typhoid fever only, but of other general febrile maladies. His researches have been principally, but not solely, conducted on the bodies of patients who have died of smallpox. He has found the same alterations of the muscles in fatal cases of variola, typhoid fever, scarlatina, measles, erysipelas, tubercular meningitis, generalized acute tuberculosis, and puerperal fever. On the other hand, in a great number of diseases, as phlegmasiæ, tuberculous and cancerous cachexiæ, Bright's disease, &c., the examination of the muscles only gave negative results. In persons dying of cholera the author has always found perfect conservation of the muscular fibres, and this also although the disease has not terminated fatally until after a long typhoid stage; but when cholera has supervened on typhoid fever, variola, or measles, the alterations of muscular tissue which are found in these diseases may be observed. Of the alterations spoken of, the author recognizes three degrees. 1. In the first stage the muscles generally are somewhat swollen and hard, their colour brownish or deep red, their friability a little increased. These conditions are due to general hyperæmia. At irregular points, generally in the form of elongated bands, decoloration and fragility of muscular fasciculi are observed. These characters acquire their maximum of intensity and extent in the next stage. Under the microscope, capillary congestion is observed, and swelling of the muscular fibre, which appears wavy and irregular; striation remains. Soon, grayish granules appear, scattered here and there irregularly, but always between the febrillæ of the primitive fibres. These for the most part dissolve in acetic acid; but, as their number augments, the muscular fibres acquire a granular aspect, and a certain number of granulations resist the action of acetic acid: the muscular nuclei become also more numerous by division. At the points where the muscular fasciculi are paler and particularly fragile, the author has observed that form of alteration called "waxy" by Zenker.—2. In this stage the colour may be variable, depending upon sanguineous exu-

dation, or upon change in the muscle itself. The normal tint of the muscle becomes paler, but not equally so in all the fasciculi: some become reddish gray, others yellowish or whitish; at the same time, their smooth aspect and special brilliancy are modified. Their consistence is altered; the muscular mass is harder, but its fragility is increased, and the torn surface is markedly granular. Microscopical examination shows an exaggeration of the appearances observed in the former stage. The appearance of fatty granules and beads, and the breaking up of the altered fibres, indicate the commencement of disorganization; meanwhile the multiplication of nuclei continues both in the interior of and outside the altered fibres.—3. The third degree is that of disintegration or softening of particular portions or centres. The fascicular aspect is excessively modified or entirely lost; in fact, the consistence may be so altered that at certain points the muscular tissue is diffluent. The muscular fibres tear as if boiled, and in some cases the cut surfaces exhibit a kind of puriform detritus tinged with blood more or less altered. Microscopic examination shows, in these cases, advanced disintegration of the muscular fibres, which are always more or less broken up under the form of waxy, granulo-waxy, or simply granular *débris*. These muscular *débris* exhibit abundant nuclei. Fatty granules and free globules, finely amorphous granular matter, and elements of altered blood are also found.—*Brit. and For. Med.-Chir. Rev.*, April, 1867, from *Gaz. Méd. de Paris,* Nov. 3 and 10, 1866.

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14. *Nightmare in Children.*—Dr. Sydney Ringer, in a paper on this subject (*Med. Times and Gazette,* May 4, 1867), says that the subjects of this affection are very generally pale, often ill-nourished, and out of health, and that the immediate cause of this screaming appears to be some disturbance of the stomach and intestines. "This disturbance is very generally dependent on food ill-suited to young children; for this irregularity of the bowels, and the screaming which accompanies it, are especially frequent in those children who have been brought up by hand, and who, consequently, suffer on the one hand from diarrhœa, on the other from constipation.

"Children who suffer from the affection now under consideration are sometimes infested by thread worms, and also show signs of the altered condition of the mucous membrane of the stomach and intestines by itching, heat, and dryness of the inner part of the nose, with itching at the anus. This screaming is increased by anything that interferes with the general health of the child. Thus, it is observed to be worse when the teeth are making their way through the gums, although the irritation and pain which arise from teething appear to be incapable of themselves of exciting this screaming. It is also made worse by slight attacks of catarrh of the lungs, or eruptions on the body. By treatment this screaming can usually at once be arrested. Both general and local treatment are in most cases required, the former to improve the general health, the latter to remove the conditions immediately exciting the screaming.

"The diet should be attended to, and any irregularity in the hours at which food is given to the child, or any unsuitability in the nature of the food, must be remedied. Attention to these points will very generally arrest any diarrhœa which may be present, but constipation with hard shotty motions will generally prove more obstinate, for such motions are almost invariably passed by young children under six months old when brought up by hand, and this although they may be correctly fed and take nothing but good cow's milk sufficiently diluted with water. We have seen that these hard, round, lumpy motions are partly composed of coagulated undigested milk. This coagulation in mass can sometimes be stayed by the addition to the milk of alkalies, such as lime-water or bicarbonate of soda. The latter is preferable for this purpose, as lime-water confines the bowels, and thus bicarbonate of soda should be preferred.

"If the bowels are confined, an active purgative will, in the great majority of cases, suffice to stay the screaming, and will insure to the child calm and refreshing sleep. A powder of rhubarb and soda repeated every night, or every other night, till three powders have been given, is useful. If the child be pale. and the constipation recurs and is obstinate, the following prescription will be found very advantageous—namely: Steel wine, to which is added a few drops of